

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                         | INITIALS | ID NO. | DATE     |
|----------------------------------|----------|--------|----------|
| <b>FEE DETERMINATION</b>         |          |        |          |
| <b>O.I.P.E. CLASSIFIER</b>       |          | 49     | 1/31/01  |
| <b>FORMALITY REVIEW</b>          | (A)1     | 875    | 02/15/01 |
| <b>RESPONSE FORMALITY REVIEW</b> | 1/16     | 901    | 5-24-01  |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim | Date    |
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| Final | 5-15-01 |
| 1 ✓   |         |
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| Claim | Date     |
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| Claim | Date     |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy